

REMARKS

An information disclosure for the references in the background of the specification is provided with this response.

A replacement drawing for FIG. 1 is provided to correct a reference numeral from 22 to 23. Also reference numeral 27 has been added to FIG. 1.

Corrections to the specification are provided with this response to correct informalities noted by the Examiner.

The Examiner has rejected Claims 1-20 under 35 U.S.C. 112, second paragraph. Corrections have been made to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

The Examiner has rejected Claims 1-5, 9, and 11 under 35 U.S.C. 102(b) as being anticipated by Dunn (U.S. Patent No. 5,387,177). The Examiner has rejected Claims 6-8, 12-15, 17, 19, and 20 under 35 U.S.C. 103(a) as being unpatentable over Dunn in view of Morton (U.S. Patent No. 6,370,715). The Examiner has rejected Claim 10 under 35 U.S.C. 103(a) as being unpatentable over Dunn in view of Straub et. al. (U.S. Patent No. 5,341,531). The Examiner has rejected Claim 16 under 35 U.S.C. 103(a) as being unpatentable over Dunn in view of Morton, and further in view of Schwenker (U.S. Design Patent No. Des. 346,069). The Examiner has rejected Claim 18 under 35 U.S.C. 103(a) as being unpatentable over Dunn in view of Morton, and further in view of Straub et. al.

Claims 1-3, 7, 9, and 12-13 have been amended, Claims 5, 10, 11 are original. Claims 21-24 are new. Please cancel Claims 4, 6, 8, and 14-20 without prejudice.

Below Claim 1 is in clean form for convenience.

1. (Currently amended) A contoured infant nursing pad comprising:

- a base having a first periphery, a second periphery, a third periphery, and a fourth periphery;

- a back wall coupled to the base adjacent the first periphery for retaining the infant on the base;

- a first side wall coupled to the base adjacent the second periphery for retaining the infant on the base;

- a second side wall coupled to the base adjacent the third periphery for retaining the infant on the base;

- a front safety ridge coupled to the base adjacent the fourth periphery for retaining the infant in an optimal nursing position and for preventing a nursing person from rolling onto the infant, wherein the fourth periphery is opposite the first periphery, the front safety ridge comprising:

- a first edge on a first side of the front safety ridge;

- a second edge on a second side of the front safety ridge;

- a top of the front safety ridge, the top located between the first edge and the second edge; and

- a curved transition from the top of the front safety ridge to the base toward the back wall;

- wherein the infant reclined between the front safety ridge and the back wall is retained by the front safety ridge and the back wall;

- a first opening along the fourth periphery between the first edge of the front safety ridge and the first side wall;

- a first breast shelf located on the base adjacent the first opening;

- wherein the first breast shelf is inclined downward toward the back wall for aligning the infant's mouth for breastfeeding;

a second opening along the fourth periphery between the second edge of the front safety ridge and the second side wall; and

a second breast shelf located on the base adjacent the second opening;

wherein the second breast shelf is inclined downward toward the back wall for aligning the infant's mouth for breastfeeding;

wherein the infant placed on the base between the back wall, first side wall, second side wall and front safety ridge with the infant's head placed on the first breast shelf and facing the first opening can access a breast of the nursing person placed on the first breast shelf through the first opening; and

wherein the infant placed on the base between the back wall, first side wall, second side wall and front safety ridge with the infant's head placed on the second breast shelf and facing the second opening can access the breast of the nursing person placed on the second breast shelf through the second opening.

As noted by the Examiner in the Oct. 7, 2005 Office Action on page 9 of the Office Action, Dunn does not teach a back wall opposite a front safety ridge. Thus, Dunn does not anticipate Claim 1 and the claims dependent on Claim 1. Nor are Claim 1 and the claims dependent on Claim 1 anticipated by any of the other references. Similarly, Claim 21 and its dependent claims are not anticipated by Dunn nor any of the other references.

Further, Dunn teaches away from the present invention. In the Office Action on page 7, line 14, the Examiner essentially states that the front safety ridge of the present invention is the same as the pillow means 32 of Dunn. Applicant,

respectively, does not agree that the front safety ridge and the pillow means 32 of Dunn are the same. The front safety ridge of the present invention is not taught to be a support for a selected body region of an infant, as taught by Dunn. Dunn (Col. 8, lines 12-26), (Col. 10, lines 51-69), and (Col. 16, lines 29-45) repeatedly teaches that the pillow is for supporting a body portion of the infant or patient. In particular Dunn in Col. 10, lines 55-59 teaches "at least one relative lobe 64 and one relative trough 66 ... for supporting the neck and head ... of a pediatric patient...", and Dunn in Col. 16, lines 29-45 teaches appropriately positioning the pillow under (supporting) the preselected portion of the patient's body.

In the present invention, it is taught that the infant is retained between the front safety ridge and the back wall. It is not taught or claimed that the infant is supported by the front safety ridge. If the infant were supported by the front safety ridge then according to Dunn the front safety ridge should be under the infant to support the infant. Placing the front safety ridge of the present invention under the infant would defeat the purpose of the front safety ridge, because if the infant were on top of the front safety ridge, then the infant would not and could not be retained on the base by the front safety ridge. Rather the infant could easily roll off the front safety ridge and the base, if the teachings of Dunn were followed.

This key difference between the teaching of Dunn and the present invention makes the present invention not obvious in view of Dunn at the time the invention was made to a person having ordinary skill in the art. Nor do any of the references, and in particular, Morton, Straub, and Schwenker together with Dunn make the present invention obvious at the time the invention was made to a person having ordinary skill in the art.

The present invention teaches that the front safety ridge has "a curved transition from the top of the front safety ridge to the base toward the back wall". Dunn teaches away from the present invention in teaching that the pillow 32 has a lobe 64 and a trough 66 (FIG. 4 and Col. 10 lines 55-60) and a further relative lobe 68. In FIG. 5 the pillow is taught as flat. The pillow 32 as discussed above is not the same as the front safety ridge. Dunn teaches lobes and troughs or flat surfaces for the pillow, all which teach away from the curved transition of the present invention. The Dunn pillow 32 lobes, troughs, and flat surfaces are all consistent with the Dunn teaching that the pillow is for supporting the patient's body. Neither Dunn alone, nor Dunn in combination with references Morton, Straub, Schwenker and the other references that have been cited make the present invention obvious at the time the invention was made to a person having ordinary skill in the art.

The present invention teaches "a breast shelf ... inclined downward toward the back wall for aligning the infant's mouth for breastfeeding". In contrast, Dunn teaches that the base 22 of Dunn is generally planar toward the opening rear of Dunn opposite the pillow 32 of Dunn (Column 8, lines 45-46). Dunn teaches that the lateral side walls 40 and 42 are curved upward from the pillow 32 (Column 9, lines 14-24). Each of these and Dunn FIGs. 1, 2, 3, and 7 all teach upward sloping surfaces extending away from the pillow 32. Above, it is pointed out that the pillow 32 of Dunn and the front safety ridge of the present invention are not the same and that Dunn teaches away from the front safety ridge of the present invention. So, Dunn teaches away from the present invention both by teaching pillow 32 and by teaching a planar base 22 and upward curved walls 40 and 42 extending away from the pillow 32, in contrast to the "breast shelf inclined downward toward the back wall" of the present invention, which causes the infant's mouth to be tilted upward. Together the teachings of Dunn teach away from the

present invention and do not make the present invention obvious at the time the invention was made to a person having ordinary skill in the art. Further, none of the other reference teaches a downward sloping breast shelf. Morton teaches a flat bottom surface 22 (Col. 4, lines 5-8), and Schwenker teaches a surface that slopes upward toward the end away from the saddle horn, which also teaches away from the present invention.

More contorted analyses can be made. If the side wall 40 of Dunn is analogized to the back wall of the present invention and the pillow 32 of Dunn is analogized to the front safety ridge of the present invention, then again the infant's mouth would be tilted downward by the upward curved wall 40, which clearly teaches away from the present invention.

The present invention also teaches:

"a first recess in the base adjacent to the first breast shelf and extending towards the back wall for accommodating in the first recess a first shoulder and a first upper arm of the infant when the infant's head is placed on the first breast shelf; and

a second recess in the base adjacent to the second breast shelf and extending towards the back wall for accommodating in the second recess a second shoulder and a second upper arm of the infant when the infant's head is placed on the second breast shelf."

This teaching is not obvious in view of Schwenker nor any of the other references.

In summary, the present invention is not anticipated by Dunn and is not obvious in view of Dunn, Morton, Straub, Schwenker nor any of the other cited references.

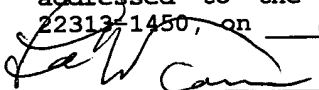
It is requested that claims 1-3, 5, 7, 9, 10-13, and 21-24 be examined in light of the above and it is respectfully submitted that these claims are now in condition for allowance.

Respectfully submitted,



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